

# **Inquiry About Premium Overpayment Refund**

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Company Name]  
[Company Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the status of my premium overpayment refund for policy number [Policy Number]. I believe there was an overpayment made on [Date of Payment] and would like to request information regarding the refund process.

Please let me know the steps I need to follow and any documentation I may need to provide. Your assistance in this matter would be greatly appreciated.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]